



OVERVIEW

Introduction

The Alberta AIM learning process refers to a set of recommended change principles used to create a practice infrastructure that removes unnecessary waits and delays for patients, and redesigns the clinical care delivery system to maximize health outcomes. Experience in similar health system settings has shown that achieving enduring, sustainable gains requires a clinic to learn condition-specific quality improvement techniques and build a solid foundation that will support quality improvement efforts and health initiatives over time.

Team, Aim, Map, Change and Measure

The Alberta AIM learning process includes five fundamental success factors: **Team, Aim, Map, Change** and **Measure**.

Creating a Team

Creating and working with an appropriate, engaged and effective improvement team is a key component of a successful improvement effort. Members of the improvement team should be chosen for their knowledge of and involvement in office processes, and their willingness to change. The team is comprised of two essential components: the **core improvement team** (who will attend learning sessions and lead the improvement effort) and **additional clinic team members** (the rest of the team at the office practice site). Core improvement team membership will vary from clinic to clinic, depending on clinic size and composition. However, every improvement team must include:

- At least **one physician member**

as well as the following members where available:

- Clinic manager
- Nursing representative(s)
- Allied health provider representative(s)
- Reception representative(s)
- Medical office assistant representative(s)

The core improvement team will normally consist of three to five team members (depending on clinic size) who are intimately involved in the changes. In addition, there may be a number of additional clinic team members who attend meetings when changes are relevant to their area of expertise.

The team should have representation from:

- Clinic management (system expertise)
- Provider group (clinical knowledge)
- Day-to-day leadership

There may be one or more individuals on the team who fit each dimension, and one individual may fill more than one role, but each component should be represented to successfully drive change in the clinic. It is critical to have at least one physician champion on the team. This champion should have a good working relationship with colleagues and the day-to-day leader, and be interested in driving change in the system. The physician champion is an opinion leader in the office practice (an individual who is sought out for advice and who is not afraid to test change).

Core improvement team members are expected to attend all AIM Learning Sessions and teleconferences. Active participation by team members is essential to the clinic's success.

Defining Aims

Improvement requires setting aims, which are explicit statements of what the team hopes to achieve through the improvement process. Aim statements are the response to the first question in the Model for Improvement: *What are we trying to accomplish?* Aim statements should be clear and concise, based on data, time specific, and measurable. It is also crucial that there is agreement on the aim statement by all parties involved in order to effectively allocate the appropriate people and resources necessary to accomplish the aims.

Teams are required to develop two primary aims, one specific to access and one specific to office efficiency. Teams may also choose to develop additional aims in the areas of clinical improvement that fit their unique patient population and/or other initiatives they wish to undertake.

Mapping Current Processes

To see how work flows through our systems, it is critical to develop flow maps, and to add measures to these maps. In order to identify where changes might improve the flow, it is important to look at every step in a process. By mapping the "current state," practices will begin to be able to critically view how work flows now, and hopefully be better equipped to determine where there are bottlenecks and what changes might be tested to minimize or eliminate these bottlenecks.

Making Changes

Improvement efforts require that changes be made to the gap between current performance and possibility. However, not all changes result in improvement. Once a team has defined its aims and measures and mapped its current processes, it needs to develop, test and implement changes to move toward improved outcomes. Once ideas for changes have been generated, teams use Plan-Do-Study-Act (PDSA) cycles to test these changes and determine whether they result in an improvement. Teams can then expand the tests to the point that there is confidence that the change can be applied broadly within their context, and eventually adopted by others. If changes do not result in improvement, they can be adapted and retested, or simply abandoned.

Determining and Collecting Measures

Measurement is a critical part of testing and implementing change. Measures provide the means to determine the starting state, assess progress toward an aim, and whether the changes are actually leading to improvements. Faculty members will work with teams to create measurement systems that are meaningful and practical to maintain. Teams are expected to continuously monitor a core set of measures related to access and office efficiency. Measures include:

- Delay (third next available appointment)
- Patient flow and cycle time
- Supply
- Demand
- Activity
- No-shows
- Continuity
- Revisit rate
- Panel size
- Teamwork

AIM Principles

Alberta AIM is supported by a set of access, office efficiency, and clinical care improvement principles that can be adapted and adopted by participating clinics. The access principle outlines changes that reduce patient wait times related to *getting* an appointment with the provider. The office efficiency principles outline changes that reduce patient wait times *during* an appointment. These principles support a “no wait” philosophy that has been

proven to ultimately enhance clinical outcomes and reduce costs. The clinical care improvement principles address key system and practice elements that improve delivery of clinical care and assist the practice to close the gap between actual and ideal practice patterns.

The goal is to change the practice to improve the nature and quality of patient care by elevating standards and, ultimately, outcomes.

Access Principles

Objectives:

- Patients are able to schedule an appointment with their provider for the day requested
- There is a balance between demand for appointments and supply of appointments, so that appointments can be accommodated on a same day basis, as requested

Specific Changes:

- Minimize number of appointment types
- Decrease patient demand for appointments
- Increase provider supply of appointments
- Reduce the no-show rate
- Reduce the backlog for future appointments

These changes work together to balance demand for appointments against available supply, leading to a decrease in wait time **for** an appointment.

Office Efficiency Principles

Objectives:

- Reduce the total time that the patient spends at the clinic (particularly waiting times)
- Create efficiencies in how care is delivered
- Adopt a team approach to care and reassign tasks to maximize the contribution of all team members

Specific Changes:

- Redesign of processes to increase efficiency
- Redesign/reallocation of roles to support the provider-patient interaction
- Delegation of tasks to appropriate staff (everyone working to maximum scope)
- Standardization of clinic rooms
- Synchronization of resources
- Maximization of teamwork

The access and office efficiency change principles work synergistically to prevent delays in the patient's access to his/her provider; create efficient clinic visits that decrease delays for

the patient and the team; maximize the patient's time with his/her provider; and reduce the cost of care.

The outcomes of the office efficiency change principles are an efficient clinic visit with a focus on supporting the provider-patient interaction.

Clinical Care Improvement Principles

Objectives:

- Create productive interactions between a care team that is prepared to manage care and a patient that is prepared to manage his/her own health
- Organize the care of a population of patients
- Address a mix of interventions to improve office performance
- Shift care to being proactive rather than reactive, to increase opportunities to improve overall care and/or meet care goals

Specific Changes:

- Optimize delivery system
- Make linkages with the community
- Provide support for patient self-management
- Use decision support and clinical information systems

Each of these elements has specific change concepts that encourage high-quality clinical care.

Alberta AIM Components

Pre-Work

Pre-work activities mark the beginning of the collaborative and end at Learning Session 1.

During the pre-work period, teams have several important tasks to accomplish:

1. Form a core improvement team (those who will attend learning sessions, participate in monthly teleconferences, and attend weekly team meetings)
2. Complete the clinic profile form
3. Participate in pre-work teleconferences
4. Define an access aim and an office efficiency aim
5. Begin collecting selected data
6. Do *State of Health Assessment* from Championship Teams workbook
7. Prepare a storyboard

Pre-work begins approximately one to two months prior to Learning Session 1. During the pre-work phase, teleconferences are held to introduce the work, the models, basic concepts, measures and change packages that will be used throughout the process. Pre-work is

extremely important as it gives teams an opportunity to begin to understand and apply the concepts, and get a head start on the process. The more the teams accomplish in the pre-work period, the faster they will begin to experience improvement.

The objectives of pre-work are to:

- Provide an overview of the scope of the collaborative and familiarize teams with the mission of the work
- Highlight the gains clinics will make in moving to same day scheduling
- Allow the clinic to identify their the improvement team
- Establish clinic aims
- Familiarize teams with basic change concepts
- Introduce the team to reporting, including measures, reporting templates and reporting processes
- Develop a storyboard introducing the clinic, for display at Learning Session 1
- Dispel common fears with moving to an open access structure so that learning can be optimized at the first learning session
- Begin collection of baseline data

Pre-Work Teleconferences

Three pre-work teleconferences will be held to discuss change concepts, change packages and measures to be used. These teleconferences are held to address specific issues or questions that teams may have. A second objective is to address and dispel common concerns regarding moving the practice to same day access. All teams/clinics in the collaborative will participate together in the teleconferences.

1. Orientation Teleconference

During this call, participants will be given an overview of Alberta AIM and key related concepts and processes. Developing aim statements and a brief overview of improvement measures will also be addressed. Teams will be asked to share draft aim statements at Learning Session 1.

2. Measurement Teleconference

This teleconference will review the measures and introduce teams to the use of the measurement package. Teams will be asked to report on third next available appointment (demand) and cycle time (efficiency) measures at Learning Session 1.

3. Panel Teleconference

In this call, the value of panel (patient) identification at the practice and individual provider level will be discussed. The call will also cover the methods that can be used to determine both practice and individual physician panel measures.

Learning Sessions

Learning Sessions are the major integrative events of Alberta AIM. Improvement teams from each clinic attend six highly-interactive in-person sessions, where they learn elements of system redesign and methods for testing and implementing change. At the learning sessions, through plenary sessions, small group discussions, and team meetings, attendees have the opportunity to:

- Learn from faculty and colleagues
- Receive individual coaching from faculty and colleagues
- Gather new knowledge on AIM subject matter and process improvement
- Share experiences and collaborate on improvement plans
- Problem-solve improvement barriers

Action Periods

The periods of time between learning sessions are called action periods. During action periods, team members work within their clinic settings to test and implement changes that assist the practice to commit to a “no-waits” culture and embrace the delivery of planned care for patients. Teams test multiple changes in their clinics and collect data to measure the impact of the changes. Although participants focus on their own organizations, they remain in continuous contact with other improvement teams and faculty. This communication is through teleconferences, email, and a listserve (an online group communication service). In addition, team members share the results of their improvement efforts in monthly reports, to which faculty will provide written feedback and coaching. Participation in action period activities is not limited to those who attend the learning sessions. It is encouraged and expected that there will be participation by other clinic members during the action periods.

